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Effective on 12/08/2004.

Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2005****Complete if Known**

Application Number	09/933,630
Filing Date	August 20, 2001
First Named Inventor	J. Jose
Examiner Name	N. Juntima
Art Unit	2663
Attorney Docket No.	15974US01

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 300.00**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
-20 or HP	x	=		<b>Fee</b> <b>Fee Paid (\$)</b>

HP = highest number of total claims paid for, if greater than 20

<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee(\$)</b>	<b>Fee Paid (\$)</b>
-3 or HP	x	=	

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee(\$)</b>	<b>Fee Paid(\$)</b>
-100	/50	(round up to a whole number)	x	=

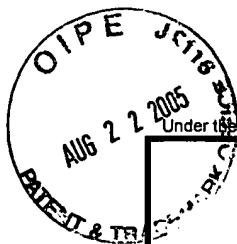
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: IDS filing fee \$180; 1-mo. ext. of time \$120

**SUBMITTED BY**

Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	(312)775-8000
Name (print/type)	Michael T. Cruz			Date	August 19, 2005



TRANSMITTAL FORM		Application Number		09/933,630	
(to be used for all correspondence after initial filing)		Filing Date		August 20, 2001	
		First Named Inventor		J. Jose	
		Art Unit		2663	
		Examiner Name		N. Juntima	
		Attorney Docket Number		15974US01	
Total Number of Pages in This Submission		18			
ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement - PTO Form SB/08A citing 1 non-patent literature document <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): One non-patent literature document	
Remarks					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm	McAndrews Held & Malloy, Ltd.				
Signature	<i>Michael T. Cruz</i>				
Printed Name	Michael T. Cruz				
Date	August 19, 2005				
CERTIFICATE OF MAILING					
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 19, 2005.					
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636		
Signature	<i>Michael T. Cruz</i>		Date	August 19, 2005	